



CLINICAL GUIDELINES

CMM-405: Spinal Fluoroscopy

Version 1.0.2023

Effective May 31, 2023



eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

eviCore's Clinical Review Criteria ("CRC") and related content is made available for the limited uses of: reference; and individual use, only limited to facilitating the determination of medically necessary and appropriate clinical treatment by clinicians for specific delegated patients under their care. The CRC and related content is proprietary information of eviCore, and copyrighted to the full extent of the law. Except as expressly permitted, you may not modify, copy, reproduce, republish, upload, post, transmit, hyperlink to or from, or distribute in any way the CRC, nor may you sell, transfer, distribute, assign, lease, reproduce, or otherwise use the CRC in commerce, in a manner that competes with us or infringes upon our rights, or for any public or commercial endeavor without our prior and express written consent.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five digit codes, nomenclature and other data are copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT® book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM-405 Spinal Fluoroscopy

Definitions**General Guidelines****Indications****Non-Indications****Procedure (CPT[®]) Codes****References**

Definitions

Fluoroscopy: an imaging procedure using continuous X-ray image shown on a monitor for the purpose of locating anatomic structures.

General Guidelines

Application of Guideline

- This guideline only applies to fluoroscopic guidance for spinal or paraspinal diagnostic or therapeutic injection procedures.
 - ◆ A concomitant procedure needing the assistance of X-ray guidance must be documented as the primary procedure.
 - ◆ The patient must have no contraindications for use of X-ray.

Indications

Fluoroscopic imaging guidance is considered **medically necessary** when **ALL** of the following are met:

- Performed with a spinal or paraspinal (adjacent to the spinal column) diagnostic or therapeutic injection procedure
- Placement of needle or catheter at the neural structure cannot be adequately performed without image guidance
- Imaging guidance is not already included in the planned procedure(s)

Non-Indications

Not Medically Necessary

- Fluoroscopic imaging guidance performed without meeting the requirements listed in listed in the Definitions, the General Guidelines, and the Indications sections is considered **not medically necessary**.

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
77003	Fluoroscopic Guidance and Localization of Needle or Catheter Tip for Spine or Paraspinous Diagnostic or Therapeutic Injection Procedures (Epidural or Subarachnoid) (List separately in addition to code for primary procedure)

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

1. Bradley W. G., Daroff, R., Fenichel, G., et al. CH. 48: Neurology in Clinical Practice. Vol 1. 5th ed. 2008.
2. (ICS) Institute for Clinical Systems Improvement. Health Care Guideline: Adult Acute and Subacute Low Back Pain. 15th ed. Bloomington (MN): Institute for Clinical Systems Improvement; January 2012.
3. Miller R., Eriksson, L.I., Lee, A.F., et al. Miller's Anesthesia. 7th ed: Churchill Livingstone Elsevier; 2010.